**Melanie Cole (Host):** Heart disease is the number one killer of men and women and is more deadly than all forms of cancer combined. So today we’re talking about heart health and my guest is John Arnold. He’s a nurse practitioner with the Marietta Memorial Hospital, Department of Cardiology at Memorial Health System. John, tell us about the prevalence of heart disease today and what are you seeing at the hospital as far as people coming in with heart disease?

**John Arnold (Guest):** Well heart disease is, as you said, the leading cause of death in the United States today between heart disease and strokes, it costs the United States about 320 billion dollars annually, and what I see in the hospital and amazingly enough it seems that my patients are getting younger and younger. I see a lot of 40 something, 50 something year old patients with cardiovascular disease, and it’s – well I’m 50 something so it’s kind of scary for me.

**Host:** Well me too, I’m in my 50s as well and tell us the risk factors. Why do you think you’re seeing younger people coming up with heart disease? What are some of the main risk factors we should be aware of?

**John:** The main risk factors for heart disease are hypertension, high cholesterol, smoking is a big one, diabetes, sedentary lifestyle and obesity.

**Host:** Tell us about symptoms. How would somebody know if they have heart disease, and as we understand it, symptoms are different for heart disease in women and in men, so how are we supposed to even know that we have it?

**John:** You know, it’s actually very rare that we see the classic crushing chest pain with shortness of breath that you see on television. A lot of the symptoms are a lot more subtle what I see here in the office. I see a lot of patients, they’ll come in and they’ll say you know what I’ve been short of breath over the last 2 to 6 months and – with exertion – they notice it when they go up a flight of stairs for instance. You know, I have to stop and catch my breath, or another hallmark symptom that I see in my practice is fatigue. A lot of these patients will complain about, you know I just feel tired and they’ve felt tired for the last 3 to 6 months, and that’s, like I said, that’s what I’m seeing in the office. Those aren’t the classic symptoms that I was raised on as a nurse way back when.

**Host:** So one of the things that people wonder about is stress. Can that contribute to heart disease? As we’re talking about heart health today John, we want to give some really good workable things that people can try at home to reduce some of their risk factors. Where does stress fit into that picture?

**John:** Stress is a big factor because stress leads to high blood pressure for one, and high blood pressure can contribute to heart disease, but then if there – you’ve heard of stress test obviously, everybody has, well a stress test is where we cause stress on the heart, and so by causing stress on the heart that if you’ve got a small blockage there or a moderate sized blockage, when the heart is stressed, then those vessels constrict making that moderate blockage even worse, so that’s kind of where – in my head that’s where I equate stress to. The stress test is actually a stress test, so actually outside stress that – everybody in real life, we all have stress and the problem is so many of us don’t necessarily know how to control it and we can’t really control it, but the biggest key is how to manage it, and I know control and manage is kind of a synonymous term but in my mind I’m thinking we need to do something to decrease our stress load, like as you said earlier, exercise is a great stress reliever for sure.

**Host:** So let’s talk about some of those lifestyle modifications including exercise. So first of all, how much exercise, do we need to do to really reduce our risk of heart disease?

**John:** Current guidelines is 30 minutes once a week. I don’t agree with that guideline. I encourage my patients to get 30 minutes of exercise three times a week, but the recent studies have shown that 30 minutes once a week is equivalent, but like I said, I like my patients to be as active as they can be, and exercise – used to think classically aerobic exercise like running or biking or swimming, something that’s going to keep your heart rate up is good, but it’s also been shown that something like weight lifting can increase your heart rate and give you the same benefits.

**Host:** And what about our diet John? How does that contribute or help heart disease if we are eating a lot of fish, getting our omega-3’s from avocados, things like that, or if we’re eating fried and processed food? How does that work into this heart disease picture?

**John:** Diet has a big factor. You know we’re the Big Mac generation – sorry, I probably shouldn’t have said that, but I did, but I mean we’re the fast food generation, so all those fatty, processed foods are not good for you. I tell my patients, you know – because most of my patients, I live in Southeast Ohio, so most of us are mean eaters, so I tell them limit your red meat intake to once a week and then get your proteins from white meat, like chicken or fish. Fish is a great one, because like you said it has the omega-3’s in it and then most people – a lot of people don’t eat a lot of vegetables and leafy green vegetables are great. I don’t – fruits – I recommend fruit – limit the fruit intake, one serving a day I think is the current guidelines but get most of your nutrition from vegetables and white meats.

**Host:** How important, if you are on medications for high blood pressure or cholesterol, how important is it that you take your medications as prescribed, and really wrap it up for us. What would you like the listeners to know and take forward with this about maintaining good heart health and the things that we can do right now today to help our hearts?

**John:** Okay, cholesterol medicines for sure, take it because whether or not you have heart disease, high cholesterol can lead to plaque build up in those arteries. So it’s very important to take the cholesterol medicines. Antihypertensive medicines are very important because hypertension is, like I said, a risk factor of heart disease and it can really stress the heart. We talked about stress earlier, and high blood pressure can really stress the heart and can stretch out those chambers and those walls. The biggest takeaway, we’ve got to be active and we can’t necessarily prevent heart disease because unfortunately for some of us hereditary plays a big factor, but we can certainly limit the impact that heart disease is going to have on us by keeping our cholesterol under control and exercise. We’ve got to build up our heart muscle, and that’s exactly it – heart is a muscle. We have to keep that muscle strong so that it will continue to do it’s job for us.

**Host:** Thank you so much John, for coming on today and telling us about things that we can do to maintain good healthy hearts. Thank you again. You’re listening to Memorial Health Radio with Memorial Health System. For more information, please visit mhsystem.org, that’s mhsystem.org. This is Melanie Cole, thanks so much for tuning in.